

GOVERNMENT HUMAN SERVICES CONSULTING

# ELECTRONIC VISIT VERIFICATION

## DELAWARE DIVISION OF MEDICAID AND MEDICAL SERVICES

STEERING COMMITTEE MEETING

JULY 22, 2020



# TODAY'S AGENDA

- Welcome and Introductions
- Fiserv team introduction
- 21<sup>st</sup> Century Cures Act and Good Faith Effort Exemption
- Stakeholder Input
- Services subject to EVV
- Implementation timeline
- System features
- Role of the Steering Committee moving forward

# 21ST CENTURY CURES ACT

- How does the CURES Act apply to Home and Community Based Services (HCBS) programs?
  - Section 12006 of the CURES Act requires states to implement an electronic visit verification (EVV) system for
    - **Personal Care Services (PCS) by January 1, 2020**
    - **Home Health Services (HHS) by January 1, 2023**
  - DMMA is proposing to implement EVV requirements for PCS and HHS services at the same time in 2020.
- DMMA was granted a “Good Faith Effort” Exemption by CMS on November 25, 2019
  - CMS will not apply federal medical assistance percentage (FMAP) reductions in calendar year 2020

Source: Disabled and Elderly Health Programs Group, Center for Medicaid and CHIP Services, Webinar, *Section 12006 of the 21<sup>st</sup> Century CURES Act Electronic Visit Verification Systems Session 1: Requirements, Implementation, Considerations, and State Survey Results*, December 2017, Slide 5.  
<https://www.medicaid.gov/medicaid/hcbs/downloads/training/evv-presentation-part-1.pdf>

# 21<sup>ST</sup> CENTURY CURES ACT

## The Act does not:

- Limit the services provided
- Limit provider selection
- Constrain individuals choice of caregiver
- Impede the way care is delivered
- In any way establish an employer-employee relationship

# STAKEHOLDER INPUT

- Development of the EVV Steering Committee
- Dedicated EVV mailbox for input/questions
- Held public information meetings in each county to walk through the proposed design of the EVV system with stakeholders
- Elicited provider feedback via a Provider Survey
- Developed the document: Electronic Visit Verification: What You Need to Know
- Attended provider association meetings

## WHAT SERVICES ARE SUBJECT TO EVV?

<b>SERVICE</b>	<b>CODE(S)</b>
Attendant	S5125
Chore	S5120
Habilitation	T2021
Homemaker	S5130
Home Health - Home Health Aide	T1021
Nursing	S9123/S9124
Physical Therapy	G0151/S9131
Occupational Therapy	G0152/S9129
Respiratory Therapy	S5181
Respite	S5150
Speech Therapy	G0153/S9128
Private Duty/Independent Nursing	T1000
Personal Care	T1019

# EVV MINIMUM DATA REQUIREMENTS

At a minimum, EVV systems must collect the following information:

- the type of service performed;
- the individual receiving the service;
- the date of the service;
- the location of service delivery;
- the individual providing the service; and
- the time the service begins and ends.

# EVV MODEL

<b>Open Model EVV</b>	<ul style="list-style-type: none"><li>• One statewide EVV system for data collection and data aggregation</li><li>• Existing provider EVV systems may be maintained with data sent to data aggregator</li></ul>
<b>Service Verification</b>	<ul style="list-style-type: none"><li>• Member and direct care worker (DCW) will verify services at the end of every shift/visit (the system tracks the start of the shift and location)</li><li>• Exceptions process to correct mistakes</li><li>• Alerts generated when visits missed</li></ul>

# EVV MODEL

<b>Data Collection</b>	<ul style="list-style-type: none"><li>• Various data collection methods including smart phones, tablets, telephony, fixed location device, etc.</li><li>• Limited use of paper timesheets</li></ul>
<b>Reporting and Dashboards</b>	<ul style="list-style-type: none"><li>• The system will include reporting and dashboard functionality at various user levels (State, MCO, provider)</li></ul>

## ROLE OF STEERING COMMITTEE MOVING FORWARD

To provide input and feedback on the development and implementation of EVV

To share information with members, providers and other stakeholders

Monthly meetings





**MERCER**

**MAKE TOMORROW, TODAY**